



Exhibit C
Page 1 of 1

7000 0520 0025 5893 8376

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

Postage	\$
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	3.20
Total Postage & Fees	\$ 4.40

8/15/01

Postmark
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Kelvin Moeller
Street, Apt. No.; or PO Box No.
7475 E. Jackrabbit
City, State, ZIP+4
Paradise Valley, AZ 85250
PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kelvin Moeller
7475 E. Jackrabbit
Paradise Valley, AZ
85250

2. Article Number (Copy from service label)

7000 0520 0025 5893 8376

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) K Moeller B. Date of Delivery 8-20

C. Signature

[Signature]

- ☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

RECEIVED

OCT 03 2001

OFFICE OF PETITIONS
DEPUTY A/C PATENTS